

Entered -05-27-99 - sb
CL 99L0327 - GWENDOLYN BURNS

01-R-1557

CLAIM OF: STATE FARM INSURANCE COMPANY
as subrogee of FERRIS J. HOWARD AND
MAMIE F. HOWARD
P.O. Box 370568
Decatur, Georgia 30037

For property damages alleged to have been sustained from a water
main break on November 19, 1998 at 3845 Fellwood Place.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert D. G. G.A.*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0327

Date: September 14, 2001

Claimant /Victim FERRIS J. HOWARD AND MAMIE F. HOWARD
BY: (Atty) (Ins. Co.) STATE FARM INSURANCE COMPANY
Address: P. O. Box 370568, Decatur, Georgia 30037
Subrogation: Claim for Property damage \$ 6,463.99 Bodily Injury \$
Date of Notice: 5/14/99 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 11/19/98 Place: 3845 Fellwood Place
Department WATER Division
Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimants allege that they sustained damages when their home was flooded from a hydrant that was turned on by City workers during a water main repair. However, an investigation determine that the City does not have any record of a main break or repair at the above-referenced incident location. (Companion claim: 99L0327)

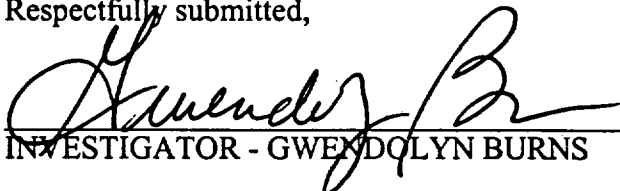
INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police Dept Report Other X
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

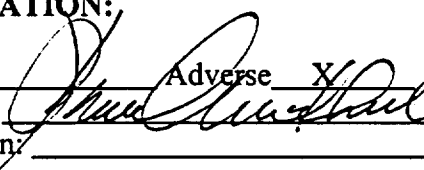
BASIS OF RECOMMENDATION:

Function: Governmental Ministerial X
Improper Notice More than Six Months Other Damages reasonable
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

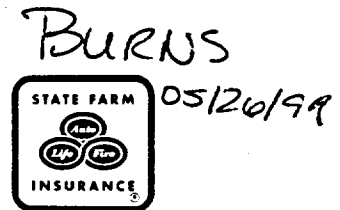
Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager:  Concur/date 09-14-01
Committee Action: Council Action

State Farm Insurance Companies



May 13, 1999

MAY 14 1999

ENTERED - 5-27-99 - SB
99L0327 - GWEN BURNS

State Farm Insurance Claim Office
5301 Snapfinger Park Drive
Post Office Box 370568
Decatur, Georgia 30037

05-14-99P06:17

Council of the City of Atlanta
55 Trinity Avenue, SW
Atlanta, GA 30335

Attention: Municipal Clerk

Re: Claim Number: 11-P019-558
Our Insured: Ferris J. and Mamie F. Howard
Date of Loss: 11-19-98
Amount of Damage: \$6,463.99
Your File:
Your Insured: City of Atlanta
55 Trinity Avenue, SW
Atlanta, GA 30335


To Whom It May Concern:

We previously corresponded with you in regard to the property damage sustained by our insured on the above-captioned date. Repairs to the property total the amount indicated above.

We would appreciate having the benefit of a status report at this time in order to maintain a current status on this file. If we do not hear from you within fifteen days from the date of this letter, it will be necessary that we use other means to enforce payment of this claim.

Thank you for your cooperation in this matter.

Sincerely,


Susan C Ponder
Claim Specialist
State Farm Fire and Casualty Company
(770) 593-6533

01-R-1557